Engineering Merit Increment Application

(R. 4/07)

RETURN COMPLETED FORM TO:
Katrina Whittley

Department of Employee Relations Room 706, City Hall

Phone: 286-3380

NAME:		Employee ID No.:		Work Phone Number:	
JOB TITLE:		Pay	Range: Current Pay Step:		
DPW- DIVISION:		Union:			
Send the Approval Determination Letter to the following EMAIL address:					
ACADEMIC RECORDS (Attach Transcripts):					

	No. of college credits earned:		Degree				
rela	No. of engineering- ited credits earned:		Sought:				
	Engineering-Rel	ated Course	work (list b	y title)	Credits	School	Semester and Year
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							

I certify that the above information is true and complete. I understand that falsification of this application may result in disqualification or removal from a pay step or City position. I forever waive, release and covenant not to sue any person or organization for any result of providing or obtaining confirmation or verification of information, academic records, transcripts and licenses. I understand that such information is sought with confidentiality, and I will not request copies of such confirmation or verification.

Employee	
Signature:	Date:

SEND THE COMPLETED APPLICATION AND SUPPORTING DOCUMENTATION TO THE DEPARTMENT OF EMPLOYEE RELATIONS, ROOM 706, CITY HALL, <u>ATTN: Katrina Whittley</u>.

Use this page to list more	e courses
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EMPLOYEE NAM	E:

	Engineering-Related Coursework (list by title)	Credits	School	Semester and Year
11)				
12)				
13)				
14)				
15)				
16)				
17)				
18)				
19)				
20)				

THIS SECTION IS FOR EMPLOYEE RELATIONS' USE ONLY.						